

**PUBLIC HEALTH AND MEDICAL (EMERGENCY FUNCTION 08)
SITUATION REPORT
EBOLA VIRUS DISEASE, 2014
DATE OF REPORT: OCTOBER 28, 2014
OPERATIONAL PERIOD: OCTOBER 27 - OCTOBER 31, 2014
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
EMERGENCY MEDICAL SERVICES AUTHORITY**

EXECUTIVE SUMMARY

There are currently no suspected or confirmed cases of the Ebola Virus Disease (EVD) in California. At present, the situational assessment for the risk of EVD infection in California remains very low.

The outbreak of EVD in the West African countries of Guinea, Sierra Leone, and Liberia continues to expand but does not pose a significant risk to the United States. As of October 23, the World Health Organization has reported a cumulative total of 10141 suspect, probable, and confirmed cases and 4922 deaths.

The Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), California Office of Emergency Services (Cal OES), State level Emergency Function 08 partners, and Emergency Medical Services Authority (EMSA) continue to prepare for the management of potential EVD cases in California.

CDPH continues to work with the healthcare community and local health jurisdictions to identify potential suspect cases and avoid spread of the disease. New guidelines and updated guidelines released by CDC are posted on the CDPH website available at: (<http://cdph.ca.gov/programs/cder/Pages/Ebola.aspx>). CDPH and local health jurisdictions are monitoring the situation closely and are taking steps to keep the public safe. EMSA has developed guidelines for Emergency Medical Services (EMS) personnel based on the recommendations of CDC and the California Department of Industrial Relations (DIR). The guidelines have been distributed to Local Emergency Medical Services Agency (LEMSA) Administrators, LEMSAs Medical Directors and the Regional Disaster Medical Health Coordination (RDMHC) Program. The document is posted on EMSA's website at http://www.emsa.ca.gov/ebola_control. These guidelines will be updated as the situation evolves.

CDPH continues to recommend that healthcare providers implement the protocols established by the CDC about how to detect and isolate patients who may have EVD and about how healthcare workers exposed to EVD can be protected. The CDC

advises that healthcare providers in the U.S. should consider an EVD infection in the differential diagnosis of febrile illness, with compatible symptoms, in any person with recent (within 21 days) travel history in Guinea, Sierra Leone, or Liberia. The CDC advises people returning from the affected areas who may be at high risk for EVD should be promptly isolated and their blood sent to CDC for testing.

DUTY OFFICERS ON CALL

Table 1. Duty Officers On Call		
Agency/Program	Duty Officer Information	
CDPH Duty Officer	Name:	Deborah Holmes
	Contact Information:	916-328-3605
EPO Duty Officer	Name:	Andrew Vellos
	Contact Information:	916-328-9025
EMSA Duty Officer	Name:	Markell Pierce
	Contact Information:	916-423-0911

CDPH/DHCS/EMSA CURRENT OPERATIONS

The CDPH internal workgroup to address all public health aspects of the EVD response meets daily.

CENTER FOR INFECTIOUS DISEASES (CID) DIVISION OF COMMUNICABLE DISEASE CONTROL (DCDC)

- **Epidemiology and Surveillance Activities**
 - Significant Issues:
 - Responded to or redirected numerous emails/phone calls from Local Health Departments (LHDs) related to planning aspects of preparedness.
 - New clinical consultants have been identified and are being trained this week.
 - Epi/Surveillance project teams continue to work on three products:
 - Contact Tracing/Management Plan
 - Returning Traveler Tracking Plan
 - Deployment Team Plan (Resource to be made available to assist LHDs with Contact Tracing, Data Management, and Logistics).
 - LHDs are working with Division of Communicable Disease Control (DCDC) clinical consultants to determine both the clinical criteria and risk factors for persons suspected of having EVD.
 - CDPH has been notified by DCDC of additional travelers who have returned to California from one of the affected countries in West

Africa. All individuals have been or are currently being contacted and monitored by local public health officials.

- Critical Issues: None
- Program Impacts:
 - Significant program impact on day-to-day activities of DCDC clinical consultants and staff that participate in Richmond Campus Coordination Center (RCCC) activities. DCDC branches are setting aside non-essential functions to handle Ebola workload.

- **Laboratory Activities**

- Significant Issues:
 - Viral Rickettsial Diseases Laboratory (VRDL is continuing to address laboratory testing readiness, including procurement of Personal Protective Equipment (PPE) and needed reagents and supplies prior to testing Ebola specimens.
 - VRDL is seeking an outside contractor to verify the safety of the VRDL BSL-3 facility.
 - The VRDL risk assessment is being conducted in line with Association of Public Health Laboratory (APHL) recommendations and is similar to the LAC PHL risk assessment, which was shared by the LAC PHL Director.
- Critical Issues:
 - Shortage of proper personal protective equipment (correct clothing sizes and respirators).
 - Need for training of VRDL BSL-3 staff in proper donning and doffing of PPE.
 - Need for Category “A” Packaging and Shipping training of staff at both VRDL and local public health laboratories.
- Program Impacts:
 - Significant impact on day-to-day activities of staff involved in risk assessment and procurement activities.
 - Shortage of PPE will delay training of VRDL staff in donning and doffing procedures.

- **Infection Control Activities**

- Significant Issues: None
- Critical Issues:
 - CDPH is receiving numerous questions regarding applicability and feasibility of the new PPE guidance in lower risk healthcare settings, e.g., clinics and Emergency Departments receiving low-risk suspects. CDPH and partner agencies continue with a PPE Workgroup to develop interim PPE guidance for these settings.
 - There is a strong need for development and/or dissemination of training materials on proper use of PPE.

- Program Impacts:
 - Significant impact on day-to-day activities of staff across programs and agencies, resulting in setting aside non-essential functions to handle Ebola workload.
- **Information Officer Activities**
 - **Key Messages**
 - Ebola is NOT an airborne transmitted virus. Isolation and personal protective equipment are focused on **CONTACT ISOLATION** as recommended by the CDC.
 - CDPH and EMSA have a plan and processes for response to Ebola.
 - California's hospitals have the capability and capacity to manage Ebola patients.
- **Medical Countermeasures**
 - There are no updates at this time.
- **Community Mitigation**
 - There are no updates at this time.
- **Other DCDC Actions**
 - Resource Requests/Needs:
 - World Courier account for Ebola shipping.
 - Cache of cell phones for responders (received 2 from EPO, mobilized one from Communicable Disease Emergency Response (CDER) Branch to date). Pending submission of formal justification and request from RCCC to CDPH Executive Branch.
- **CDC and other Partner Documents Released this Operational Period**
 - Joint Commission Standards – Safely and Effectively Managing the Infectious Ebola Patient
 - CDC – Ebola Information for Volunteers Working with West African Communities in the United States
 - CDC – Ebola Information for Leadership of Volunteer Working with West African Communities in the United States

CDPH DOCUMENTS/MATERIALS RELEASED THIS OPERATIONAL PERIOD

- None at this time

RICHMOND CAMPUS COORDINATION CENTER (RCCC) ACTIVITIES

- The RCCC remains activated at Level 1 with minimal staffing. Hours of operation are 8:00 am to 5:00 pm, Monday through Friday. The DCDC and CDPH Duty Officers provide 24/7 after-hours coverage.
 - Significant Issues and Activities:
 - CID/DCDC convened a teleconference 10-27-14 with LHDs to discuss Returning Traveler Management issues.
 - CID/DCDC will convene the weekly LHD Ebola conference call from 10:00 – 11:00 on Wednesday, October 29th.
 - Responding to inquiries from various partners and the public directed to CID/DCDC from the (Medical Health and Coordination Center (MHCC) Call Center
 - RCCC continues to be notified by DCDC Emergency Operations Center (EOC), MHCC, and CDPH Branches of inquiries received from California healthcare providers
 - Critical Issues: None

ENVIRONMENTAL MANAGEMENT BRANCH (EMB)

- EMB's Medical Waste Management Programs', "Ebola Virus Disease Medical Waste Management – Interim Guidelines" posted at the program's website:<http://www.cdph.ca.gov/certlic/medicalwaste/Pages/default.aspx> is currently undergoing revision and will be posted once approved. EMB's

EMERGENCY PREPAREDNESS OFFICE (EPO)

- CDPH and EMSA continue activation of the MHCC to support activities of the RCCC and departmental programs, and enhance communication between emergency response and preparedness partners in California.
- MHCC and EPO management regularly participate in teleconferences regarding EVD with Federal, State, and local partners, assist in development of guidance documents, and coordinate CDPH program actions.
- MHCC maintains an incident on the Cal EOC website.
- CDPH has contracts in place with World Courier to accommodate transport of EVD samples.
- The call center (1-855-421-5921) remains active as a point of contact for public inquiries.

DIVISION OF LICENSING AND CERTIFICATION

- The first healthcare provider teleconference was held on Wednesday (October 22, 2014) with a target audience of Health Care Facilities/Providers. At this time, this telecom will be held weekly: Wednesday from 11:00 a.m. – 12:00 p.m.

CAHAN ALERTS

- There were two CAHAN alerts sent today. The subjects were:
 - CDC Ebola Information for Volunteers and Volunteer Leadership in the United States
 - CDC Documents on Ebola

EMSA

- EMSA is working with the Local Emergency Medical Services Administrators' Association of California (EMSAAC) and the Emergency Medical Directors' Association of California (EMDAC) in developing Guidance for the EMS Management of Infectious Disease such as Ebola. Local EMS Agencies (LEMSAs) are working with their ambulance providers and have identified ambulance companies that will transport these high risk patients. Contra Costa EMS Agency has developed a conceptual model for an Infectious Disease Ambulance Response Team (IDART) and other LEMSAs are developing similar models. AMR has already transported Ebola patients in Texas and is also developing special transport teams and is among the providers outfitting specialized ambulances.
- EMSA has issued guidelines for EMS personnel based upon CDC recommendations through the RDMHC and Medical and Health Coordination (MHOAC) Programs. EMSA is prepared to continue coordination with EPO, RDMHC, and MHOAC Programs.

STATE/REGION OVERVIEW

Table 2. State/Region Overview		
Region/State	Proclamation/Declaration	Activation
MHCC	None	Level I

OPERATIONAL AREA (OA) MEDICAL AND HEALTH SYSTEM OVERVIEW

- Current impacts/actions for Operational Areas are not included in this situation report as local situation reports have not been requested or provided at this time.

PUBLIC INFORMATION

October 28, 2014

Gloria Olivares, KGO-TV (San Francisco)
John Fowler, KTVU-TV (San Francisco)
Aliza Nadi, NBC National News
Karen Carranza, Telemundo (Los Angeles)
Paul Sisson, San Diego Union-Tribune
Jorge Alfaro, KBBF-FM (Santa Rosa)
Brynna Bolt, UC San Diego Guardian

October 27, 2014

- Judy Lin, Associated Press
- Dan Kerman, KRON-TV (San Francisco)
- Rebecca Plevin, KPCC-FM (Los Angeles)
- Joe Rogers, KCBS-FM (San Francisco)
- Gisela Perez, KABC-TV (Los Angeles)
- Corin Hoggard, ABC 30-TV
- Paul Sisson, San Diego Union Tribune

GUIDANCE DOCUMENTS RECEIVED FROM OCTOBER 27 TO OCTOBER 31

CDC documents are available on the CDC website ([CDC.gov](http://www.cdc.gov)). CDPH documents are available on the CDPH website ([CDPH.ca.gov](http://www.cdph.ca.gov)). The American Society of Microbiology (ASM) documents can be found on the ASM website (www.asm.org). The Federal Department of Transportation (DOT) documents can be found on the DOT website (www.dot.gov).

Table 3. Guidance Documents Received from October 27, 2014 to October 31, 2014		
Title	Source	Document Date
What's the Difference Between Infections Spread Through the Air Or By Droplets?	CDC	10-24-14
Joint Commission Standards – Safely and Effectively Managing the Infectious Ebola Patient	CDC	10-24-14
Identify, Isolate, Inform: Emergency Department Evaluation and Management for Patients Who Present with Possible Ebola Virus Disease	CDC	10-27-14

Fact Sheet: Monitoring Symptoms and Controlling Movement to Stop Spread of Ebola	CDC	10-27-14
Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus	CDC	10-27-14
Interim Guidance for Emergency Medical Services (EMS) Systems and 9-1-1 Public Safety Answering Points (PSAPs) for Management of Patients with Known or Suspected Ebola Virus Disease in the United States	CDC	10-28-14

RESOURCE REQUESTS

None

FINANCIAL IMPACTS

None